**SPECIAL INSTRUCTIONS:**

**Ammine short hold time 24hr**

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### Filter

**100ML - NATHIO**

## ANALYSIS

## Amines

## Amrines


DATE \_\_\_\_\_


DATE \_\_\_\_\_

DATE: 1-4-14

SAMPLES RECEIVED ON ICE: YES 1 NO 1 SAMPLE TEMPERATURE: 15 °C

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	Document Name:	Document Revised: 23Feb2015
	Sample Condition Upon Receipt Form	Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt	Client Name: <u>USS</u>	Project #:	<b>WO# : 1256654</b>  1256654
	Courier: <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input checked="" type="checkbox"/> Client <input type="checkbox"/> Commercial <input type="checkbox"/> Pace <input type="checkbox"/> Other:		
Tracking Number: _____			
Custody Seal on Cooler/Box Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Seals Intact? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Optional: Proj. Due Date: _____ Proj. Name: _____
Packing Material: <input type="checkbox"/> Bubble Wrap <input type="checkbox"/> Bubble Bags <input type="checkbox"/> None <input checked="" type="checkbox"/> Other: <u>Harpad</u>		Temp Blank? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Thermometer Used: <input checked="" type="checkbox"/> 140792808		Type of Ice: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Blue <input type="checkbox"/> None <input checked="" type="checkbox"/> Samples on ice, cooling process has begun	
Cooler Temp Read °C: <u>1.2</u>		Cooler Temp Corrected °C: <u>1.5</u>	
Temp should be above freezing to 6°C		Correction Factor: <u>+0.3</u>	
		Biological Tissue Frozen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
		Date and Initials of Person Examining Contents: <u>11/4/15 mg</u>	
Comments: _____			

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	6. <u>Amines</u>
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>mt</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased): _____		

CLIENT NOTIFICATION/RESOLUTION	Field Data Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Person Contacted: _____	Date/Time: _____
Comments/Resolution: _____	
_____	
_____	
_____	

FECAL WAIVER ON FILE <u>Y</u> <u>N</u>	TEMPERATURE WAIVER ON FILE <u>Y</u> <u>N</u>
Project Manager Review: <u>Heather 320</u>	Date: <u>11/5/15</u>
Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)	